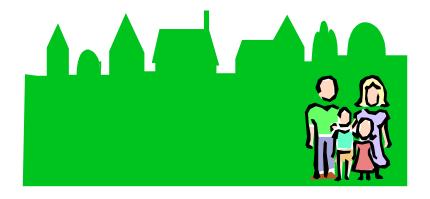
# FOR HOME AND COMMUNITY BASED SERVICES FOR

(TITLE XIX MEDICAID WAIVER)

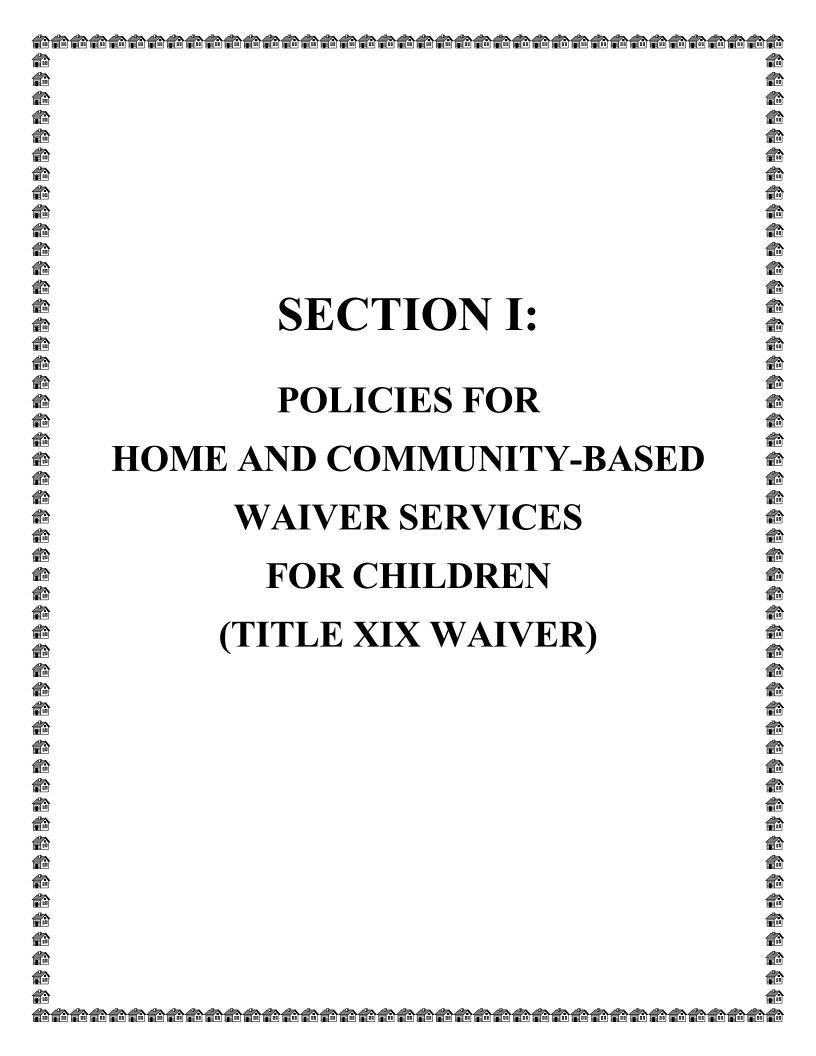
**CHILDREN** 



12/2005

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#### BACKGROUND AND PURPOSE OF THE CHILDREN'S MENTAL HEALTH, HOME AND COMMUNITY-BASED WAIVER OF THE DIVISION OFMENTAL HEALTH

Section 2176 of the Omnibus Reconciliation Act of 1981 (Public Law 97-35) enables states to offer a wide variety of non-medical home and community-based services to individuals who, without such services, would require more expensive institutional care or less cost-effective community care. States qualify to provide these services if the Federal Center for Medicare and Medicaid Services (CMS) grants a Waiver of Medicaid regulations under Section 1915(c) of the Social Security Act. The 1915(c) Mental Health (MH) Waiver is granted on a multi year basis with annual approval required for continuation.

The Child, Adolescent and Family Unit of the Vermont Department of Developmental and Mental Health Services (CAFU/DMH) received approval of its first 1915(c) MH Waiver in July 1982. This 1915(c) MH Waiver was retroactive to April 1, 1982. The Home and Community-Based 1915(c) MH Waiver was renewed for three (3) years for both Mental Health (MH) and Mental Retardation (MR) clients in 1985. Part of the renewal agreement was to separate the mental health and mental retardation waivers into two discrete waivers. The 1915(c) MH Waiver covered children with mental illness under the age of 22 who were institutionalized or were at risk of institutionalization, and persons with autism who live in or were at risk of commitment to an ICF/MR. The 1915(c) MH Waiver renewal was approved June 11, 1985 and covered services from May 16, 1985 to May 15, 1988. A subsequent five-year renewal covered services from May 16, 1988 to May 15, 1993.

A renewal application was submitted in 1993 to cover services for the period May 16, 1993 to June 30, 1998. At that time, authority for 1915(c) MH Waiver services provided to individuals with autism with an IQ of less than 70 was moved from the Mental Health (MH) 1915(c) MH Waiver to the Developmental Services Waiver. Since then, the 1915(c) MH Waiver has provided home and community-based services to individuals below the age of 22 who have a mental illness and are at risk of institutionalization. For the purposes of eligibility DMH/CAFU considers institutionalization to mean a JCAHO accredited inpatient psychiatric facility for children.

The Child Adolescent and Family Unit (CAFU) of DMH is responsible for program and financial auditing of the waiver, collecting data on the 1915(c) MH Waiver (hereafter referred to as the "Waiver") clients to assess its impact, and providing an annual report to CMS.

To carry out these responsibilities, effective 7/1/2003, CAFU implemented the 1915(c) MH Waiver using the following definitions and policies.

#### **ELIGIBLE PROVIDERS**

Home and Community-based Services can only be provided or administered by the following:

- A. Designated Agency (DA/SSA) or Specialized Services Agency (SSA) in Vermont.
- B. Other Vermont Agencies approved by the Division of Mental Health in accordance with 18 VSA; 8901-8903.

All providers agree to comply with Vermont's approved 1915(c) MH Waiver Application. Staff must meet the qualifications for delivering the defined services as described in the Division of Mental Health Title XIX Manual.

#### SERVICE DEFINITIONS

Individuals eligible for the 1915(c) MH Waiver, will receive the services listed below in a variety of combinations appropriate to meeting the individual's and family's needs. 1915(c) MH Waiver-eligible individuals must receive one or more of these 1915(c) MH Waiver services as described in the Division of Mental Health (DMH) Title XIX Medicaid manual.

#### SERVICE PLANNING AND COORDINATION

Assists individuals and their families in planning, developing and coordinating the provision of services and supports needed for a specific individual.

#### **FLEXIBLE SUPPORTS**

*Community Supports (Individual or Group):* Specific, individualized and goal-oriented services which assist individuals in developing skills and social supports necessary to promote growth.

**Respite** (hourly or overnight): In or out of home care for the purpose of providing a planned break for families/caregivers. If a child is residing in a therapeutic foster care setting, waivers will allow up to 4 overnights of *respite* per month. Waiver funding will support up to a total of 35 overnights per month (overnight respite and Therapeutic Foster Care combined). Whenever possible, family and natural supports should be utilized as respite. Family and natural supports will not receive waiver funding.

*Family Education:* In home support and treatment for the purpose of enhancing the family's ability to meet their child's emotional needs.

*Clinical Assessment:* Psychiatric and/or psychological evaluation of the child's current level of functioning, mental health, social, and family history, and a Diagnostic Statistical Manual (DSM) diagnosis.

*Individual, Family and Group Therapy:* Treatment that uses the interaction between the therapist and the individual, family and/or group to facilitate emotional or psychological change.

*Medication and Psychiatric Consultation Services:* Evaluation for, prescribing and monitoring of medication and providing medical observation and support.

*Emergency/Crisis Assessment and Support:* Outreach crisis intervention and/or telephone support for children and their families.

*Transitional Living:* Short-term out of home care for adolescents requiring intensive supports. The goal of this care would be a transition to independent living.

**Foster Care:** Short-term out-of-home care for children and youth unable to remain safely with their family due to their intensive mental health issues and their family's need for enhancement of parenting skills. The goal of this care is for reintegration back home.

**Environmental Safety Devices:** Items necessary to insure the physical safety of the individual, family, and/or staff. These are not structurally permanent modifications. They can be removed should the child or adolescent change placements. Examples include smoke alarms, fire extinguishers, door alarms, window alarms, etc.

#### **EXCLUSIONS**

1915(c) MH Waiver funding cannot be used for the following:

Room and Board expenses

**Transportation** 

Purchase of land, buildings or capital improvements for individuals

Psychiatric Hospitalization

Partial Hospitalization

Residential Treatment Facilities for more than three individuals

Educational Services that are the legal responsibility of the school

**Vocational Services** 

Services delivered outside the state of Vermont

Camp Services

Substance Abuse Treatment

Paying Family as respite

#### **ELIGIBILITY CRITERIA**

The goal of 1915(c) MH Waiver services is to maintain children in their home and/or community or return children to their home and/or community. All alternative-funding sources must have been explored and determined to be inappropriate or unavailable before an application of waiver services is submitted for consideration.

Services included under the 1915(c) MH Waiver may be provided only to persons who:

A. Are otherwise eligible Medicaid recipients; or will become eligible for home and community-based services under 42 CFR 435.232

#### and

B. those services prescribed in the Individualized Plan of Care (IPC) cannot be provided by any other means;

#### and

C. are children and youth who have not yet reached the age of 22 years and are still enrolled in school;

#### and

D. have a primary diagnosis of mental illness (other than Autism and Conduct Disorder)

#### and

E. are currently receiving the level of care provided in an inpatient psychiatric facility individuals under age 22 which is reimbursable under the State Plan, and for whom home and community-based services are determined to be an appropriate alternative; or are likely to receive the level of care provided in an inpatient psychiatric facility for individuals under age 22 which would be reimbursable under the State Plan in the absence of home and community-based services which are determined to be an appropriate alternative.

#### **FUNDING PRIORITIES**

Once eligibility has been determined, initial and continued 1915(c) MH Waiver funding will be prioritized in the following manner:

- **Priority 1:** Youth in the custody of their biological or adoptive family who require an intensive level of mental health treatment in order to remain safely in their home.
- **Priority 2:** Youth in the custody of their biological or adoptive family who currently reside out of their home and will require an intensive level of mental health treatment in order to return safely to their family.
- **Priority 3:** Youth in the custody of their biological or adoptive family, who require a short-term out-of-home stabilization in therapeutic foster care. The goal of this level of care is intensive mental health treatment and skill building for both the child and the family in order to achieve reunification.
- **Priority 4:** Youth in the custody of their biological or adoptive family who require intensive amounts of mental health treatment as they transition to adulthood.
- **Priority 5:** All other eligible requests for funding.

#### **WAITING LIST**

A waiting list will be kept for all 1915(c) MH Waiver funding requests that cannot be immediately met.

- CAFU staff will collaborate with local DA/SSA to determine whether a request is appropriate for application to 1915(c) MH Waiver funding. CAFU staff will collaborate with the local DA/SSA to determine the funding priority level of each approved referral.
- If the request for waiver funding is approved *and* is determined to be a funding priority, but no funds are available, it will be placed on a waiting list. Each DA/SSA will be responsible for maintaining a current waiting list at the local level. A copy of the waiting list will be kept by the CAFU staff for the 1915(c) MH Waiver Program and updated regularly. The DA/SSA will be notified when funding becomes available. As funding becomes available, local DA/SSA will submit the referral to CAFU for review. To determine eligibility, CAFU staff will review the child's level of current mental health needs.
- If the request meets eligibility, the DA/SSA will be notified that the request will be approved for 1915(c) MH Waiver funding.
- If the request does not meet eligibility, it will be denied immediately and returned to the DA/SSA. The child and guardian will be notified in writing with a copy of the "Rights of Appeal" procedure. Technical assistance will be offered to the local treatment team to develop alternative funding possibilities or service plan.

#### **RIGHTS OF APPEAL**

#### APPEAL PROCESS FOR ELIGIBILITY

- If a child is determined to be eligible for the 1915(c) MH Waiver, the child and guardian will receive a copy of the "Rights of Appeal" procedure (Attached below) from the DA/SSA with notification of their eligibility.
- If the child is determined to be ineligible for the 1915(c) MH Waiver, the DA/SSA must notify the child and their guardian in writing and attach a copy of the "Rights of Appeal" procedure (Attached below).
- If a child or guardian chooses to appeal the eligibility decision, a written appeal by the child and guardian must be made to the Human Services Board within ninety (90) days of the final decision. The Human Services Board has ninety (90) days to make a decision unless all parties agree to an extension.
- Concurrent to the appeal to the Human Services Board, DMH will review the situation and provide comments to CAFU, the DA/SSA and the child and guardian.

# HOME AND COMMUNITY-BASED WAIVER SERVICES RIGHT OF APPEAL FOR DENIAL OF ELIGIBILITY

The Child, Adolescent and Family Unit (CAFU) of the Division of Mental Health has a Fair Hearing Process for:

- any applicant who has been denied Medicaid services by the Division of Mental Health through the Home and Community Based Services (HCBW) Program or
- any recipient who has received a written determination that their services in the HCBW Program are to be reduced, suspended, or terminated.

The Fair Hearing Process gives the applicant or recipient, or their representative, who has received an adverse determination, the right to present his/her case to a reviewing authority. If you have received an adverse determination, you can request a Fair Hearing up to thirty- (30)-days from the date of adverse determination. To appeal an adverse determination, a recipient or his/her representative must submit a written request to:

Deputy Commissioner Division of Mental Health 108 Cherry Street PO Box 70 Burlington, VT 05402-0070

Requests to appeal a determination must be postmarked within thirty- (30)-days of the date of the determination. The request must include:

- 1. The name, mailing address, telephone number of the applicant/recipient;
- 2. The name, mailing address, telephone number of a representative, guardian or other persons who should be notified of further proceedings;
- 3. A copy of the determination;
- 4. A statement of the basis for the appeal and any supporting documentation;
- 5. A statement of the action expected of the reviewing authority; and
- 6. A statement of whether you desire a hearing to verbally present the basis for the appeal.

If you are unsure of your rights regarding the appeal, the Commissioner will advise you to obtain legal representation.

Upon receipt of the request for a *Fair Hearing*, the Commissioner will send written notice to you and your representative(s) reporting the receipt of the request and outlining instructions and timelines for further action. All appeals are reviewed within forty-five (45) days of the request unless a hearing is requested. If you request the opportunity for a hearing, the Commissioner will send written notice to you and your representative(s) of the date, time, and place of the hearing. This notification will be sent within ten (10) days of the request and at least (30) days prior to

the date of the hearing. The hearing will occur no earlier than thirty- (30)-days and no later than forty-five (45) days from the date of receipt of the appeal.

The Commissioner may appoint a hearing officer in his/her place. You may refuse up to two persons nominated for this position without cause, but further objections must be accompanied by evidence why you feel the nominated officer is not suitable. The date of the hearing may be delayed in proportion to the time needed to select an acceptable hearing officer.

Evidence presented at the hearing will be recorded. On the basis of the evidence presented at the hearing and any supporting written evidence, the hearing officer will make a written recommendation to the Commissioner.

Within fifteen (15) days of the date of the hearing, the Commissioner will send you and your representative a written decision of your appeal. In this notification, the Commissioner will also advise you of the opportunity and process to appeal the decision to the Human Services Board or higher authority.

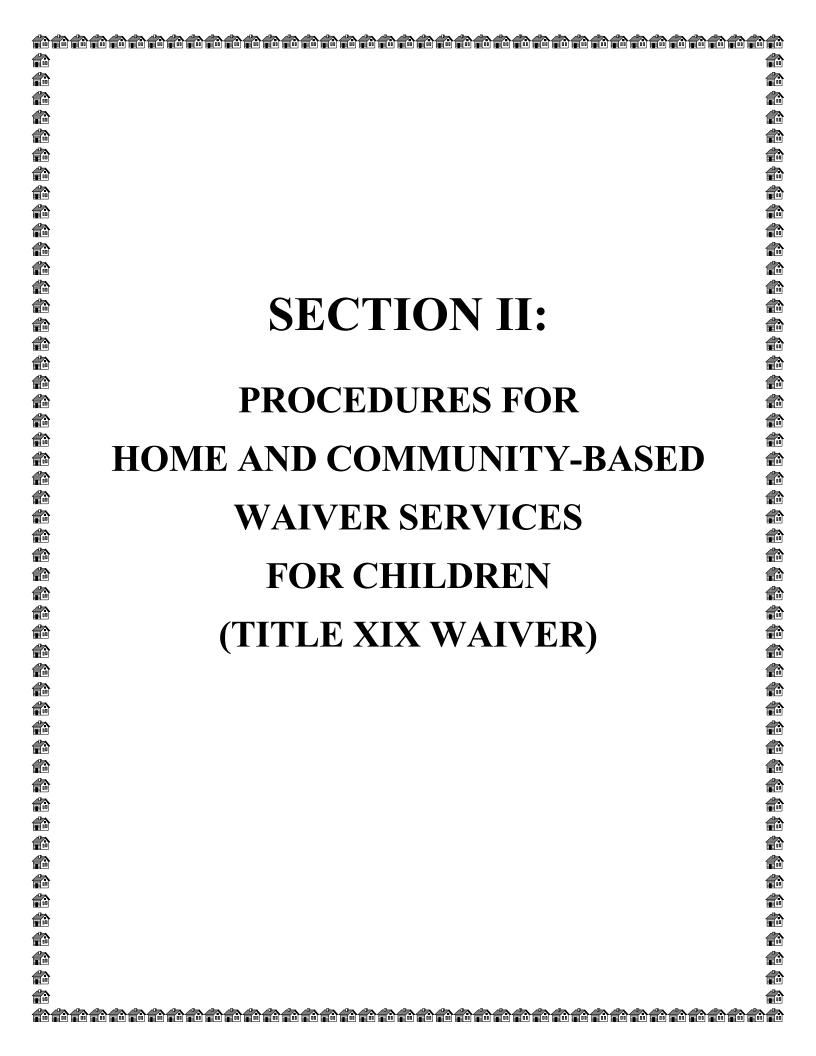
The recipient and guardian should retain this notice.

## APPEAL PROCESS FOR SERVICES REDUCTION AND/OR TERMINATION OF 1915(c) MH WAIVER SERVICES

- When a 1915(c) MH Waiver recipient is scheduled to receive a reduction of funding, or to end 1915(c) MH Waiver services, the DA/SSA must send a completed "Notification of Reduction and/or Termination of 1915(c) MH Waiver Funding" form (Appendix E) to the recipient. This form must state the reason for the reduction or end of funding and the effective DA/SSA. A copy of the "Rights of Appeal" procedures must accompany this form.
- If the child or guardian does not agree with the reduction of services and/or termination of 1915(c) MH Waiver services, the child and guardian may appeal to the Human Services Board within fifteen (15) days of the written notification of reduction and/or termination without a disruption of services. If the appeal is made more than fifteen (15) days from the reduction and/or termination notice, the changes in services will be in effect while the appeal is in progress. To make an appeal to the Human Services Board, the guardian must send a letter describing the reasons for appealing the decision to:

Human Services Board 118 State Street Drawer 20 Montpelier, VT 05602

- The written appeal by a child or guardian must be made to the Human Services Board within ninety (90) days of the notification. The Human Services Board will have ninety (90) days to make a decision unless all parties agree on an extension.
- Concurrent to the appeal to the Human Services Board, DMH will review the situation and provide comments to CAFU, the DA/SSA, and the recipient.



#### **DETERMINING INITIAL ELIGIBILITY**

- Home and Community Based Services waiver eligibility is distinct from categorical Medicaid eligibility. Children who are not categorically eligible for Medicaid (e.g., medically needy, TANFC, SSI) may be eligible for reimbursement of 1915(c) MH Waiver services under Medicaid due to a 1915(c) MH Waiver by CMS of parental income as available to the child. For the families whose income and resources preclude Medicaid eligibility, individual youth in need may be "Deemed" eligible for Medicaid 1915(c) MH Waiver funding. Deeming assumes that the youth does not have income or accounts that exceed the Medicaid income and resource test. The applicant's local treatment team is responsible for submitting to CAFU its one-page Form 100-R to CAFU with the Waiver request. The local team must also submit Economic Services Division forms 201, 202, and 202a to the local Economic Services Division Office These forms must be on file at the Economic Services Division. See appendix D for more information
- Clinical staff of the DA/SSA will complete or review an existing primary assessment for information that indicates the individual may meet the eligibility criteria for the waiver. A recent assessment should be a formal assessment done within 6 months of the waiver start date. This could be a Psychological or Psychiatric assessment, a discharge summary from a hospital or hospital diversion program, a discharge summary from a residential setting, the Psychological component of an IEP evaluation, etc. It should contain the clinical information justifying waiver criteria. Information should stress child and family strengths as well as natural supports and resources. If child is placed out-of-home, assessment should detail the family and child needs that must be developed for successful reintegration (See Appendix B for Initial Eligibility Checklist).
- Supporting documents, such as other relevant assessments, can be used to supplement the primary assessment. These secondary assessments should be less than two (2) years old. Once the assessment findings are documented, the community mental health professional completes the Initial Eligibility Form. (See Appendix B)
- The DA/SSA must provide a current (less then 60 days) Child Behavioral Check List (CBCL), which indicates significant mental health needs.
- The DA/SSA must submit a waiver packet, complete with all required documentation, to DMH for final approval (See Appendix B for Initial Eligibility Checklist).

#### **DETERMINING INITIAL ELIGIBILITY**

(CONTINUED)

- CAFU will review all Initial Eligibility Forms to determine if they are complete and include the necessary supporting documents. The DA/SSA Children's Program Coordinator, a DA/SSA staff qualified to provide the Diagnosis and Evaluation, parent or guardian, case manager, and service recipient, must sign Medicaid 1915(c) MH Waiver eligibility forms. The DCF Director's signature is also required if the waiver is to be funded with DCF match. If the forms or documents are incomplete or contain errors:
  - 1. CAFU will notify the provider of recommended changes and return the paperwork to the DA/SSA for revisions. Payment for services will not begin until the paperwork is completed.
  - 2. If CAFU denies waiver eligibility, it will notify the DA/SSA and offer a thirty (30) day appeal period for the DA/SSA to provide additional information in support of its initial determination. If the DA/SSA does not appeal or loses its appeal, the DA/SSA shall notify the individual and his or her guardian(s) of the determination and of the individual's rights of appeal.
  - 3. If CAFU approves waiver eligibility, CAFU will furnish written confirmation of 1915(c) MH Waiver eligibility to the DA/SSA. The approved form will be sent to the provider with the authorized rate of reimbursement. The DA/SSA will notify the individual and his or her guardian(s). Prior approval of CAFU is required to receive 1915(c) MH Waiver funding. DMH/CAFU will authorize and notify the DA/SSA of approval of eligibility with a signed Eligibility Form with a daily rate and procedure code for billing.

#### DETERMINING CONTINUED ELIGIBILITY

- Approval of waiver initial eligibility is not a guarantee for approval of waiver continued eligibility.
- Thirty (30) days prior to the end date of the initial eligibility period, the DA/SSA must apply for continued eligibility if it wishes to continue funding. If the paperwork is not submitted by the thirty (30) day time frame, DMH/CAFU will stop payment for services on the end date of the approved budget period.
- Submission of paperwork for continued eligibility must include a new IPC, up-to-date assessment material
  including a current CBCL, cover letter, and a corresponding budget. (See Appendix C for continued
  eligibility checklist).
- All requests for continued funding must be accompanied by a report of services billed for the previous budget period. This report will be compared to DMH's Monthly Services Report (MSR) data as well as the estimated budget for the previous Waiver. Budgets exceeding the ten (10) percent error rate must be reconciled with the DMH business office as outlined in the Audit Procedure section of this manual.
- CAFU will review all Continued Eligibility Forms to determine if they are complete and include the necessary supporting documents. The DA/SSA Children's Program Coordinator, a DA/SSA staff qualified to provide the Diagnosis and Evaluation, parent or guardian, case manager, and service recipient, must sign Medicaid 1915(c) MH Waiver eligibility forms. The DCF Director's signature is also required if the waiver is to be funded with DCF match. If the forms or documents are incomplete or contain errors:
  - 1. CAFU will notify the provider of recommended changes and return the paperwork to the DA/SSA for revisions. Payment for services will not begin until the paperwork is completed.
  - 2. If CAFU denies waiver eligibility, it will notify the DA/SSA and offer a thirty (30) day appeal period for the DA/SSA to provide additional information in support of its initial determination. If the DA/SSA does not appeal or loses its appeal, the DA/SSA shall notify the individual and his or her guardian(s) of the determination and of the individual's rights of appeal.
  - 3. If CAFU approves waiver eligibility, CAFU will furnish written confirmation of 1915(c) MH Waiver eligibility to the DA/SSA. The approved form will be sent to the provider with the authorized rate of reimbursement. The DA/SSA will notify the individual and his or her guardian(s). Prior approval of CAFU is required to receive 1915(c) MH Waiver funding. DMH/CAFU will authorize and notify the DA/SSA of approval of eligibility with a signed Eligibility Form with a daily rate and procedure code for billing.

#### SUSPENSION, TERMINATION, OR BUDGET ADDENDUMS

#### **Suspension of Waiver Services**

- Waivers must be suspended temporarily if there are circumstances that do not allow services/supports to be provided. Examples of this include, but are not limited to, a child who is hospitalized, placed in a hospital diversion program, on vacation away from their community, or is otherwise away from waiver services. In brief, the waiver must be suspended anytime a child is not receiving waiver services to the level indicated in the child's Individual Plan of Care and corresponding budget.
- The case manager must submit a written request for suspension to the DMH Child Adolescent & Family Unit. A copy of this request must also be provided to the Community Mental Health Center's business office declaring the suspension period.
- Waiver suspension requires that the waiver billing be suspended and an appropriate notation be made on the child's monthly note. The maximum length of a suspension is 21 days. If a child is away from waiver supports longer than 21 days, the waiver shall be terminated. As with any termination, written notification of the person's appeal rights must be provided.

#### **Termination of Waiver Services**

- If a recipient is not continuing on the Home and Community Based 1915(c) MH Waiver funding the DA/SSA must complete a Notification of Termination and/or Reduction of Funding Form stating the reason for funding not continuing and the date that funding ends. The DA/SSA is responsible for notifying the recipient and guardian in writing of the reason for the termination, the date it becomes effective, and their right to appeal the decision. The "Notification of Termination of Funding" Forms and, a copy of the letter notifying the guardian will be submitted to CAFU. (See Appendix E).
- The "Notification of Termination of Funding" form must be signed by either the case manager or the program coordinator, and dated. The completed form must be mailed to the Division of Mental Health within five (5) days of termination of services. Once signed by DMH staff, the Termination From will be returned to the DA to be filed in the recipient's record.

#### Change in Waiver Funding

• If a child's treatment team finds that a child requires a different level of support (either an increase or a decrease) than was originally detailed in the waiver budget, the DA/SSA is able to request an Addendum to the waiver budget. To change a waiver budget within a waiver period, DMH requires a cover letter detailing the reason for the change, a new budget reflecting the changes and a new signature page. If specific services have been added or removed from the child's plan of care, DMH will also require a new IPC reflecting these changes.

#### DOCUMENTATION REQUIRED FROM DA/SSA

- **A.** Client Records of the individuals served under the Home and Community Based 1915(c) MH Waiver will be maintained by the DA/SSA for a minimum period of 3 years. Required documentation includes initial assessment, Initial Eligibility Form, Deeming Form (if appropriate), two-year re-evaluations, Continued Eligibility Forms, Individualized Plans of Care, Monthly Progress Notes, Clinical Notes, and Termination Form.
- **B.** Initial Assessment must be less than six (6) months old and must contain the information necessary to develop an Individualized Plan of Care. The required elements of an assessment include descriptions of:
  - The client's current needs and functioning;
  - Client's skills, resources, and strengths;
  - Level of supports currently available to and needed by the client to function successfully in particular community living, social or work settings; and
  - Psychiatric, psychological, medical, and social and environmental evaluations as appropriate.
  - Evaluation material, submitted in support of primary assessment **must** be less than two (2) years old. Reassessments must be completed on eligible recipients *prior* to their twenty fourth (24) month of eligibility.
  - Examples of acceptable assessments include Psychological or Psychiatric assessments, discharge summaries from a hospital or hospital diversion program, discharge summaries from a residential setting, the Psychological component of an IEP evaluation, etc. The assessment must contain the clinical information justifying waiver criteria.
  - CBCL must be less than 6 months old.
- C. Individualized Plan of Care (IPC): Whereas the eligibility form summarizes assessment information and cost estimates, the IPC indicates the specific clinical goals and the desired outcomes determined for individual, family, and generic service providers. The IPC details goals, objectives, and strategies as well as the individuals responsible for implementing each part of the plan. The IPC must be rewritten at least every six months and have the same timelines as the accompanying eligibility form. In determining continued eligibility, the IPC will serve as a baseline for assessing effectiveness of interventions and, hence, any necessity to modify the plan. New IPCs should reflect progress in relation to the goals of the previous IPC.

The IPC is an essential source document for tracing services provided. If the case file is audited, the IPC (in conjunction with staff time sheets and reports in the Management Information System) will document agreement between planned services and actual services delivered. The IPC and supporting documents must be maintained within the DA/SSA files for a minimum period of 3 years.

#### DOCUMENTATION REQUIRED FROM DA/SSA

(CONTINUED)

#### **Individualized Plan of Care (IPC): (continued)**

Though it is not necessary to strictly follow the outlined format below, all elements listed must be addressed in adequate detail.

- 1. Goals of treatment
- 2. Specific clinical objectives
  - a. Child-oriented, with timelines
  - b. Family-oriented, with timelines
- 3. Goals and objectives related to non-mental health providers
  - a. Educational placement
  - b. Health care needs
  - c. Other
- 4. Strategies
  - a. Each objective must be addressed by at least one strategy
  - b. Strategies need to identify the staff responsible and what they will do
  - c. The frequency of the strategies needs to be noted
- 5. Physician prescriptions for chemotherapy

The IPC must be signed by a staff member qualified to do a Diagnosis and Evaluation (as defined in the *Division of Mental Health Fee-For Service Medicaid Procedures Manual*), the individual(s) who prepared it, parent/guardian or the recipient as appropriate, and a Psychiatrist.

#### **D.** Monthly Progress Note

- Flexible Supports other than individual therapy, family therapy, group therapy, and psychiatric services can be combined into a single monthly progress summary note.
- The monthly progress note should summarize a chronological listing of the client's activities, progress, and services provided. The description of the types of services provided should reflect those listed in the treatment plan.
- Monthly progress notes should reflect the specific clinical interventions provided to assist the child in making progress towards their clinical goals.
- Monthly progress note should relate to assessment data, address the goals outlined in the treatment plan, build upon information from previous progress notes, and identify either overall outcomes or progress in relation to the individual treatment plan.
- The monthly summary should describe what the clinician observes, provide an assessment of observations/perspective of progress towards goals, and summarize action steps with client participation. The note must indicate how the services provided are related to the treatment goals as stated on the IPC.
- Must be present for each month that services were delivered and reimbursed
- Denotes progress or change in the objectives and interventions
- Specifies current skill and resource level
- Records minor changes in the IPC
- Signed by the case manager

#### DOCUMENTATION REQUIRED FROM DA/SSA

(CONTINUED)

#### E. Clinical Notes

• Individual therapy, group therapy, family therapy, and medication evaluation/management/consultation (chemotherapy) requires documentation of services separate from the monthly progress note. Documentation for these services must be consistent with the guidelines as detailed in the *Division of Mental Health Fee-For Service Medicaid Procedures Manual*.

#### F. Management Information System for DA/SSA

• All DA/SSA's providing services to 1915(c) MH Waiver recipients must adhere to all DMH requirements for submission of demographic, service, and financial information.

#### G. Success-Beyond-Six Medicaid

• There may be times when it is clinically appropriate for a child to receive services funded through Success-Beyond-Six Medicaid, concurrently with waiver supports. Success-Beyond-Six is the only fee-for-service Medicaid support that can be billed concurrently with waiver services. In these situations, Success-Beyond-Six documentation must adhere to the guidelines as outlined in the *Division of Mental Health Fee-For Service Medicaid Procedures Manual*. A separate monthly progress note must be completed summarizing clinical services billed to Success-Beyond-Six Medicaid

#### PROCEDURE TO IMPLEMENT AND GATHER OUTCOME/PROGRESS DATA

The Division of Mental Health Services (DMH) is committed to providing children and their families' comprehensive mental health services. Assessing progress and gathering information about continued treatment needs are crucial components for successful outcomes. The Child, Adolescent, and Family Unit at DMH is implementing a new policy with the goal of improving mental health services to children and families.

## A. DMH requires a completed CBCL be included in all applications for Title XIX Medicaid Waiver funding.

- This includes all requests for waiver funding including both initial and continued waiver eligibility and is required regardless of match source.
- The submitted CBCLs will be scored by DMH. All results will be returned to the child's Community Mental Health Center. Results should help local teams gauge progress and identify ongoing treatment needs. In addition, aggregate data can identify trends and may assist in advocating for additional resources.

#### **B.** Threshold Visits

- At times, it may be clinically appropriate to place a child in a therapeutic foster care setting as part of the comprehensive package of waiver services. The Division of Mental Health is responsible for conducting yearly threshold visits on 25% of these placements for each agency. These visits will assure that waiver children, placed outside of the home, will receive high quality clinical care. Children receiving waiver funding, while residing at home, will not require a threshold visit.
- Community-Based Group Facilities, funded through a mental health waiver, are considered therapeutic foster care placements and will be included in the Threshold Visits.

#### BILLING

- **A.** The DMH, in conjunction with the Fiscal Agent, has assigned provider numbers for Medicaid billing to each provider. These numbers will be used for billing of 1915(c) MH Waiver services.
- **B.** DMH/CAFU will authorize and notify the provider of the rate of reimbursement for each client and the applicable procedure code, via 1915(c) MH Waiver Eligibility Forms.
- C. The provider will submit invoices for reimbursement of the 1915(c) MH Waiver services that are actually provided, using the standard Physician and Ambulance Invoice. In addition to needing an assigned 1915(c) MH Waiver provider number and client procedure code, the provider must be certain that each client is an eligible Medicaid recipient.
- D. The DA/SSA, or other providers of Medicaid services, cannot bill separately for any Mental Health Medicaid services provided to a 1915(c) MH Waiver recipient. The monthly reimbursement rate includes payment for all mental health Medicaid services provided to the recipient. "Success Beyond Six" is an exception to this rule and is allowable.
- **E.** In the case of clients, who begin or stop receiving services during a month, the provider shall bill for the actual number of days that services were delivered. DMH must be notified in writing if a child's waiver is suspended or terminated.
- **F.** Clients provided services during the month are considered "active" clients.
- **G.** DA/SSA's will use electronic/paper adjustment forms EDS-F to correct all errors in billing.
- **H.** The fiscal agent responsible for billing services and receiving payments will be responsible for reporting all Management Information Systems information.

#### **RATE SETTING**

- **A.** CAFU will calculate the daily reimbursement rates for individual clients based on the service projections contained in the eligibility forms (submitted semi-annually.)
- **B.** CAFU will assign procedure codes for billing that corresponds to the authorized reimbursement rates. Reimbursement rates, procedure codes, and the dates of eligibility will be communicated to the provider by CAFU on the approved 1915(c) MH Waiver Eligibility Forms.
- C. CAFU will review fiscal data and service data consistent with the process detailed in the Audit Procedure of this manual. Actual payments for 1915(c) MH Waiver services will correspond to the level of services that were actually delivered.
- **D.** During the course of a fiscal year, a provider may wish to change the type or intensity of services provided to one or more clients. In such cases, the provider must document the need for such changes and submit new eligibility form(s) to CAFU (see Suspension, Termination, and/or Reduction of Funding section of this manual).
- **E.** When a provider first offers 1915(c) MH Waiver funding or offers it to new clients, CAFU may establish interim reimbursement rates. Formal approval and provider notification of these rates is not necessary; they will remain in effect until sufficient documentation and actual cost experience result in setting final rates.

#### **MONITORING**

The annual Title XIX Medicaid Audit will include a review of the following:

- 1. Client Eligibility Determination Records (See Section II).
- 2. Initial Assessments (See Section II).
- 3. Individualized Plan of Care (See Section II).
- **4.** Monthly Progress Summary Notes (See Section II).
- 5. If Chemotherapy was provided, a separate Chemotherapy note must be kept in the client record.
- **6.** If Individual, Family, or Group Therapy was provided, a separate Therapy Note must be kept in the client record.
- 7. Home and Community-Based 1915(c) MH Waiver Termination form signed by the Medicaid 1915(c) MH Waiver Services Coordinator.
- **8.** Management Information System (See Section II).

#### **AUDIT PROCEDURE**

The Audit Procedures are consistent with the procedures and regulations specified in the Division of Mental Health Title XIX Manual.

Monitoring by DMH/CAFU of the Home and Community Based 1915(c) MH Waiver will be consistent with the procedures and regulations specified in the Division of Developmental and Mental Health Services Title XIX Manual.

- Desk audits will be performed by CAFU staff on all units of service billed to the 1915(c) MH Waiver. For each individual waiver, the cost of actual *units* of service provided will be compared to the cost of *budgeted units*. This process will be performed a minimum of every six (6) months.
- Waivers will be audited individually. Results of the audit will be calculated on an individual child-bychild basis. Waivers will not be audited as a collective. Results of each individual waiver audit will not be aggregated.
- DMH shall issue a written report of findings, corrective action required, and recommendations within forty-five (45) days of completion of the field or desk audit. The provider may, within ten (10) work days, request a meeting with the Director of CAFU to discuss the report of findings and to attempt to negotiate an amicable settlement if there is a discrepancy.

#### **Errors in Relation to Services Provided**

- If the desk-audit reveals an error rate, defined as the cost of *services* being under provided, exceeding ten percent (10%) of the specific child's individual waiver *budget*, DMH will provide written notification of the error to the DA/SSA. Upon receipt of notification of an error rate exceeding ten percent (10%), the DA/SSA will have forty-five (45) working days to complete the self-audit and notify DMH of the results. At the completion of the self-audit, DMH will verify the results of the self-audit.
- If the self-audit determines that the cost of *actual services* provided by the DA/SSA are within the allowable error rate of ten percent (10%) of the child's individual waiver *budget*, no reconciliation will be initiated.
- If the self-audit determines that the cost of *actual services* provided by the DA/SSA is in excess of the allowable error rate of ten percent (10%) of the child's individual waiver budget, the DA/SSA will be subject to the sanctions identified in the *Division of Mental Health Title XIX*. DMH will initiate reconciliation with the fiscal agent (EDS). *The child's individual budget will be reconciled in full. The amount of the error, in its entirety, will be recouped.*
- If at the end of the original 45 day period, the DA/SSA has not completed its self-audit, the DMH may suspend all Medicaid Waiver payments. Resumption of payment will require DMH approval. DMH may return to do a complete audit. DMH will send their findings to the Medicaid Provider Fraud Unit, the Economic Services Division, and the Agency of Human Services.
- A post-audit reconciliation with the fiscal agent (EDS) must be completed within 30 days unless a formal appeal is in progress. A copy of the reconciliation materials must be sent to the DMH within 10 working days of the reconciliation request.

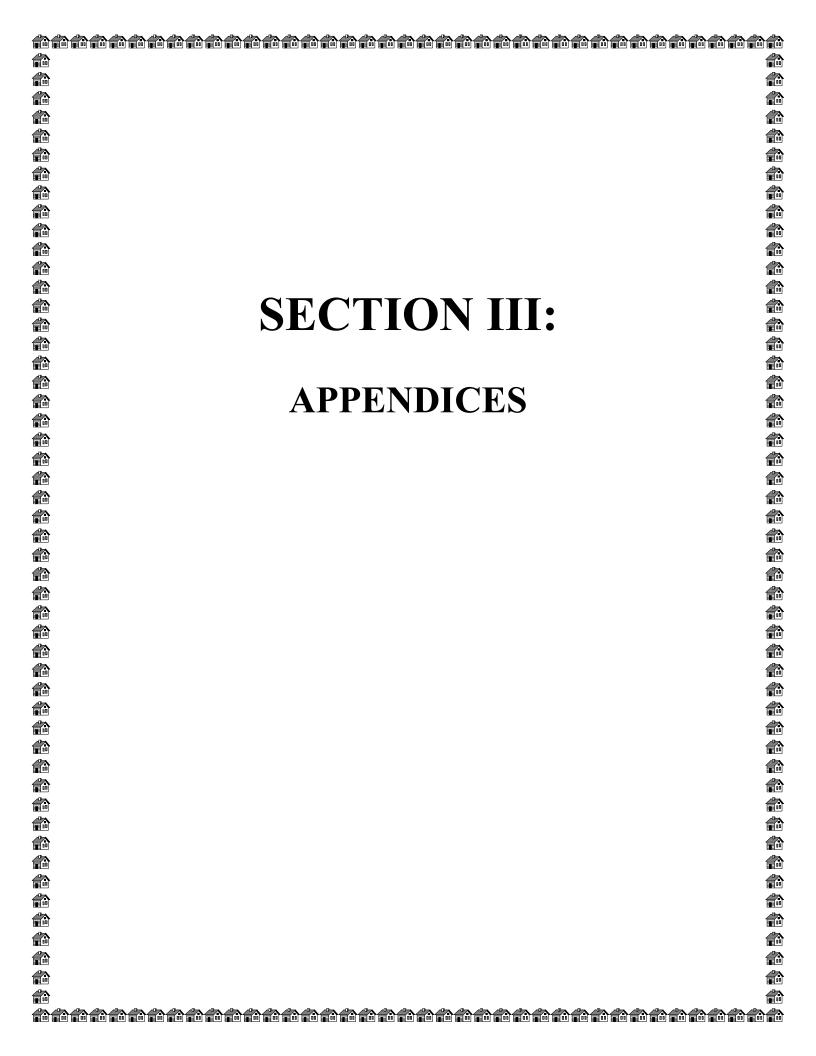
#### **AUDIT PROCEDURE**

(CONTINUED)

#### **Errors in Relation to Billing**

- If the desk audit reveals *billing* errors of any amount, as defined by *payment* in excess of the *budget*, DMH will advise the DA/SSA to immediately correct the situation. DMH will initiate a recoupment *or* request the provider to initiate the recoupment. DMH will advise the DA/SSA of the correct billing amount. All billing errors must be corrected immediately upon realization that a billing error has occurred. All billing errors will be reconciled in full. The amount of the error, in its entirety will be recouped.
- If at the end of the original 45 day period, the DA/SSA has not completed its self-audit, the DMH may suspend all Medicaid Waiver payments. Resumption of payment will require DMH approval. DMH may return to do a complete audit. DMH will send their findings to the Medicaid Provider Fraud Unit, the Economic Services Division, and the Agency of Human Services.
- A post-audit reconciliation with the fiscal agent (EDS) must be completed within 30 days unless a formal appeal is in progress. A copy of the reconciliation materials must be sent to the DMH within 10 working days of the reconciliation request.

NOTE: To avoid errors and penalties please see policy and procedures on the Waiver Budget adjustments or notify DMH for information.



#### **HOME AND COMMUNITY BASED WAIVER SERVICES**

#### **INSTRUCTIONS**

#### INITIAL ELIGIBILITY FORM

List the client's full legal name and the address where the client resides. If the client is not living with their parents or legal guardian, please include the name of foster parent, relative, or mentor at the address where the recipient resides. If the service recipient resides in a community-based or institutional program, give the name and address of the program. When parents and/or court appointment share guardianship, give the name and address of each party.

Indicate the date on which the team determined the child's eligibility and the date of the next review (within 6 months) of the Individualized Plan of Care. Print or type the name and title of each assessment team member and sign where indicated. Non-mental health providers may be part of the team. However, the children's program coordinator, and a qualified Diagnosis and Evaluation provider must be DA staff.

The Initial Eligibility Form must be submitted with at least two (2) different signatures, including the DA Children's Program Coordinator and the Diagnosis and Evaluation provider. The service recipient and/or a parent or guardian is expected to sign the form.

The D & E Staff qualifications are:

- a. A psychiatrist, licensed in Vermont.
- b. A psychologist, licensed in Vermont.
- c. A professional nurse holding an M.S. in Psychiatric/Mental Health Nursing from a university with an accredited nursing program licensed in Vermont.
- d. A social worker holding a clinical license in Vermont. .
- e. A Mental Health Counselor licensed in Vermont.
- f. Persons with a minimum of a Master's level degree in a human services field approved by the clinical or medical director and executive director as qualified to provide diagnosis and evaluation services. A current list of all individuals so approved, signed by the clinical director and executive director, must be kept on file at the center.

DMH staff will complete the bottom section below the double line on the first page only of the "Initial Eligibility Form". All other sections are to be completed by the DA/SSA.

(CONTINUED)

#### Question # 1

In most cases, persons will be eligible for Medicaid if they are eligible for waiver services. The recipient must apply for Medicaid at the local office of the Economic Services Division in order to be eligible. The exceptions are individuals of any age who have their own income and control their own assets above existing eligibility limits. If individuals are not otherwise eligible for Medicaid, submit a Deeming Form as well. All applicants must have applied for Medicaid. The Economic Services Division must have documentation stating that Medicaid eligibility was wither approved or denied. Enter the individual's Medicaid number.

If no, move to question #7.

#### Question #2

In order to be eligible for services an individual must have a mental illness. The primary diagnosis must be from the current Diagnostic Statistical Manual of Mental Disorders (DSM), currently valid, and of sufficient severity that the individual is at-risk for institutional care. Please indicate the DSM numerical code that coincides with the DSM diagnosis. Primary diagnosis of Autism or Conduct Disorder will not qualify for a Mental Health waiver.

If no, move to question #7.

#### *Ouestion # 3*

Indicate if the individual is in a nursing facility or psychiatric hospital.

If yes, move to question #6 – the budget worksheet. If no, move to question #4.

#### *Question* # 4 a - d

These questions are to provide documentation to support the need for inpatient psychiatric care for individuals who are not in a psychiatric facility. They also explore ways that the family will remain connected and a process to assess outcomes.

#### *Question # 4 a*

Individuals who, in the absence of Waiver services would otherwise receive care in an inpatient psychiatric facility will be eligible for the Medicaid Waiver. Please include observations about the individual's behavior that indicates need for, or being at risk of needing inpatient psychiatric care. This could include suicide attempts, self-injurious behaviors, dangerous behaviors towards others, etc. Observational data should be specific, behavioral, and recent (within 6 months). Relevant data for a client may also include observations on his/her parent's capacity to manage the problematic behaviors.

If no, move to question #5.

#### *Question # 4 b*

Provide a summary of the primary and other supporting assessments that indicate the individual needs inpatient psychiatric care. Assessments must yield objective and behaviorally oriented information. Psychiatric and psychosocial evaluations may supplement assessments by valid reliable instruments. The primary assessment must be less than six months old at initial eligibility determination and may be supported by additional historical documentation. Comprehensive appropriate assessments must be completed biannually. A recent CBCL is required for all children applying for waiver services.

(CONTINUED)

#### *Question # 4 c*

All spheres of the client's life should be examined in determining eligibility and formulating the Individualized Plan of Care. Six major areas to address include social, educational, family, affective, cognitive, and physical domains. Educational needs should be considered in the context of the client's "total picture." Educational failure does not in itself assure waiver eligibility. Similarly, a client currently receiving foster care or residential care is not necessarily eligible for waiver services. Describe supports needed to manage daily living activities. Also describe the services provided to accommodate the recipient's need and their effectiveness at promoting independence.

#### Question # 4 d

Waivers are designed to fund intensive Mental Health treatment services to children and families for a 6 – 12 month period of time. Active family involvement is critical to a child's return home and long-term success. Unless DCF and the courts have terminated parental rights, familial involvement must be the cornerstone of a child's treatment plan. If a child is placed outside of the home, the family must be actively involved in treatment to assure the child's timely transition back home. Please detail in what way the family will be involved in treatment. Be specific as to parental education, changes in home environment and/or any other familial issues that may pose barriers to a child's timely return home.

#### Question # 4 e

Waivers are designed to fund intensive Mental Health treatment services to children and families for a 6 – 12 month period of time. Please indicate a mechanism that the team will use to gauge progress. Progress may be defined by formal assessments (improvements as indicated on the bi-annual CBCL) or they may be more anecdotal. What will progress look like? How will the team know when they are making progress? How will the child and family know when things are getting better? If the child is placed outside of the home, how will the child, family, and team know when the child is ready to return home?

When finished answering question #4, move to question #6.

#### *Question* # 5 a - b

These questions are to provide documentation to support whether the client received non-institutional services reimbursable under the Medicaid State Plan as alternatives to institutional care throughout the previous six months?

If no, move to question #7.

#### *Question # 5 a*

Non-institutional Medicaid Services include those available through community mental health centers under Title XIX, as well as other services provided through the Medicaid State Plan. Please explain the types of supports the child is currently receiving.

#### *Question # 5 b*

A client may be eligible for waiver services if such services are more cost effective. Generally, this will mean that the same goals may be achieved through a less costly package of waiver services. Alternatively, goals may be better achieved at the same cost. How will waiver funding save money?

#### *Question* # 6, # 6 a - b

These questions are to provide documentation for the Medicaid Waiver Budget Worksheet and eligibility.

(CONTINUED)

#### Question # 6

Specify the clinical treatment services that will be provided. Estimate duration as the most likely maximum amount of time that the client will require services. Specify frequency and estimate cost. One of the conditions of offering Home and Community-Based Waiver services is that the services not be more costly than services in an inpatient psychiatric facility. Use DMH waiver spreadsheet for these calculations. See Budget Worksheet Descriptors below.

(CONTINUED)

#### MEDICAID WAIVER BUDGET WORKSHEET - (KEY)

<u>Period of this Budget</u>: The first date on which this budget is activated through the last date for which the

budget is valid. Then calculate the number of months that the budget covers and

indicate on the "# of Months" line.

<u>Dates (of Services)</u>: The dates on which the service listed under service description will be provided. For

services occurring every month covered by the budget, indicate this by drawing an

arrow through the box.

• One-Time Costs: indicate the month in which the one-time cost will be paid.

• *Erratic services*: list the frequency of service (i.e. if the frequency is once every

three months for a med check, list the frequency as quarterly, or

4 times/year)

Service Description: Refer to the Services Definitions (in Section I of this Manual) for what to call any

particular service included in the treatment plan. If the service does not exist on the Services Definitions document, specifically define the service in the cover

letter to the budget.

<u>Provider Agency</u>: Indicate the agency or agency of affiliation that is providing the service.

*Cost/Unit:* Indicate the cost of one unit of service.

# of Hours/Week: Enter the number of hours/week of each service.

# *Units/Month:* Remember that there are

Remember that there are 4.35 weeks in each month; so if you know the number of units by week, multiply that by 4.35 to get the number of units per month. If the units are in days, there are 30.42 days in a month. If the unit is by month, than put a 1 in this column

indicating one unit per month. If the unit is by month, than put a 1 in this column indicating one unit per month.

• One-Time Costs: will usually have only 1 unit of service for the month in which the

one-time cost is paid. One-time costs cannot be paid in more than one month so the total number of units (for the entire span of the

budget) should be listed in this One-Time Costs column.

• *Erratic Services*: calculate the # of Units per month as if the service were spread out

over every month of the budget. For instance, if a child were to see a Psychiatrist once every three months for a med check, the # of Units per month would be .33. (12 months divided by 3 = 4 med

checks per year. 4 med checks divided by 12 months = .33 med

checks per month).

Monthly Total: Multiplying Cost/Unit by the # Units per month will give you the Monthly Total. Check

your work to make sure that this is accurate. One-Time Costs should not be listed here they

should go in the "One-Time Cost" column.

(CONTINUED)

<u>One-Time Cost</u>: One-Time costs are those costs that will only be incurred once. Examples of One-Time Costs are Start Up Expenses, camp tuition, staff training and consultation.

#### Totals (Monthly Total through Crisis/PRN Cost Columns)

- <u>Monthly Total Cost (MTC)</u>: Sum of everything in the Monthly Total column
  - a. **Total Budget Monthly Services:** Formula = MTC x # of months Multiply Monthly Total Cost by number of months covered by this budget
  - b. **Total Budget One Time Costs:** Sum of everything in the One-Time Costs column
  - c. Grand Budget Total: Formula = A + B + C

Sum of the Total Budget Monthly Services plus Total Budget One-Time Costs. This total represents the cost of the entire budget.

#### Question # 6 a

Estimated annual cost is the sum of all proposed services costs to be paid through the Medicaid Waiver. If non-mental health agencies are funding a portion of the intervention, do not include that portion in the cost estimate. Indicate their contribution in space provided on page 5 along with a description of what the other provider is paying for. All Behavioral Health Medicaid services must be on the Waiver.

Determine this according to one of the following formulas; whichever is applicable to the child:

- 1. Full year inpatient psychiatric facility costs \$250,000 \$300,000.
- 2. Part-time inpatient psychiatric facility costs plus partial year non-waiver Medicaid services the child would otherwise receive.

#### *Question # 6 b*

Is this amount less than or equal to the average annual cost for the level of care that the client would otherwise require?

If yes, move to question #8. If no, move to question #7.

#### *Question # 7*

If found ineligible, who in your agency will notify the child and/or parent/guardian and by when. If found ineligible, the parent or guardian should be advised of appeal rights.

#### Question #8

If the CT may be eligible, submit application for waiver services to DMH. If DMH approves waiver eligibility, indicate who will notify the parent/guardian and child and by what date. Indicate start date for provision of services.

#### *Ouestion # 9*

If found eligible, document that the client and/or legal guardian has been informed of the feasible alternatives available through institutional services and home and community-based waiver services and their rights of appeal.

#### **APPENDIX B**

# HOME AND COMMUNITY-BASED SERVICES INITIAL ELIGIBILITY FORM FOR INDIVIDUALS AGED 21 AND UNDER

Client Name:				
Current Residence:				
Date of Birth:	Clinic Case Number:		Medicaid Nu	mber:
Address:				
Stre		City	/	State
Foster Parent Name:* *All Therapeutic Foster Homes mi	ust be licensed by DCF		Telephone Numb	er
Address:Stre	pet	City		State
		•		
Is the child adopted?		If so, was the adoption through VT DCF?		
If so, is there an adoption subsidy?		Does the child qualify for SSI?		
Date of Eligibility Determination: Assessment Team:		Next Review	Date:	
Name and Title		Signature – Children's Program Coordinator		
Name and Title		Signature – D & E Provider		
Name		Signature – Parent/Guardian or Recipient		
Name and Title	Signature – Case Manager			
DMH Authorization By:				
, Name	Clinical Care Coordinator	Procedure Code:		
. tume		Daily Rate:		
Signature	•	Effective Date		
		Expiration Date:		
Date				
Technical Review by: Name &	& Date			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				

APPENDIX B (CONTINUED)				
1.	Is the Client an eligible Medicaid recipient?			
	□ NO – Client is not eligible for home and community-based services under the waiver – GO TO NUMBER 7			
	☐ YES – Fill in Medicaid number or attach copy of completed DSW 203 and MH/DS Form 100.			
	Medicaid Number			
	GO TO NUMBER 2			
2.	Does the client have a current diagnosis of mental illness?			
	□ NO – Client is not eligible for home and community-based services under the waiver – GO TO NUMBER 7			
	☐ YES – Enter diagnosis and date.			
	Diagnosis			
	Date			
	GO TO NUMBER 3			
3.	Is the client currently receiving the level of care provided in an inpatient psychiatric facility which is reimbursable under the State Plan?			
	□ NO – GO TO NUMBER 4			
	☐ YES – Attach copies of			
	<ul><li>a) most recent habilitation or treatment plan, and</li><li>b) a description of how the client's needs could be met through the provision of home and community-based services.</li></ul>			
	GO TO NUMBER 6			
4.	Is the client likely to receive the level of care provided in an inpatient psychiatric facility which would be reimbursable under the State Plan in the absence of home and community-based services?			
	□ NO – GO TO NUMBER 5			
	☐ YES – Complete the following			

## APPENDIX B

(CONTINUED)

4.a.	What is the current observational data which yields evidence of the client's need for the level of care
	indicated?

4.b. Summarize results of formal assessments or subparts of assessments yielding evidence of client's need for level of care indicated, and identify by asterisk (\*) treatment needs targeted for intervention in the next six months.

Assessments may include Achenbach Child Behavior Checklist (CBCL), hospital discharge recommendations, emergency bed discharge recommendations, psychological evaluation, etc.

(CONTINUED)

4.c.	e. How do factors such as current living situation, educational placement, family and community support systems, and treatment progress relate to the need for level of care indicated?		
4d.	How will the family be involved in the treatment plan?		
4e.	How will the team know when the child and family is making progress? What will progress look like?		

GO TO NUMBER 6

(CONTINUED)

5.	Has the client received non-institutional services reimbursable under the Medicaid State Plan as alternatives to instructional care throughout the previous six (6) months?		
		NO – Client is not eligible for home and community-based services under the waiver – GO TO NUMBER 7	
		YES – Complete the following:	
	5.a.	What evidence indicates that the currently provided non-institutional services are, in fact, serving as alternatives to institutional care? At minimum, discuss length of service, current rates and patterns of utilization, prior history of institutional care, relevant assessments, and any other supporting evidence.	
	5.b.	On what basis have home and community-based services been determined more appropriate and cost effective?	

(CONTINUED)

6. What home and community-based services and other Medicaid services would be offered as alternatives to services currently being received? Indicate what you will offer, the anticipated duration, frequency and cost. Estimate frequency in hours per month or for residential programs, in days per month, Estimate cost for duration or one year, whichever is less.

#### Complete Waiver Spreadsheet for calculations

Complete Walver opieudsheet for calculations				
	6.a.	What is the total estimated annual cost of providing home and community-based services to this client?		
	<i>(</i> 1.	In this amount has the constant the constant and for the level of constant the distance of		
	<b>6.</b> D.	Is this amount less than or equal to the average annual cost for the level of care that the client would otherwise require?		
		□ NO – Client is not eligible for home and community-based services under the waiver – GO TO NUMBER 7		
		☐ YES – GO TO NUMBER 8		
7.	Clier	nt has been found to be ineligible for home and community-based services under the waiver.		
	7.a.	By what date will the client and/or the client's representative be notified of this determination?		
	7.b.	Who will be responsible for making the notification?		
	8. Client may be eligible for home and community-based services under the waiver. Please submit this application for waiver services to the Division of Mental Health for review. If DMH finds client to be eligible:			
	8.a.	By what date will the client and/or client's representative be notified of this determination?		
	8.b.	Who will be responsible for making the notification?		
	0			
	8.c.	What is the anticipated start date for the provision of home and community-based services?		

<b>APPENDIX</b>	B
(CONTINUED)	

9.	The client has been informed of the feasible alternatives and has chosen (mark one):			
	☐ Feasible institutional services provided in an inpatient psychiatric facility.			
	☐ Home and community-based waiver services.			
The signature below indicates that the above choices have been explained to the client, and if waiver services are chosen, agrees with the initial plan for services (which is subject to modification as necessars presented here.				
Signature of Individual Responsible				

(CONTINUED)

# **INITIAL ELIGIBILITY WAIVER CHECKLIST**

☐ Submitted to DMH 30 days prior to the start date.
Cover letter  Should frame the clinical rationale justifying the waiver. What are the child's specific clinical issues that are leading the team to apply for waiver funding? What are the child's and family's goals? In what way does the family wish to be involved in treatment? What services have already been tried? What is the long-term plan? What are the expected outcomes? How will the team know when the child and family are making progress? What other circumstances are impacting the child and the treatment?
Appendix D (Signature page)  ☐ Children's Director Signature ☐ D&E Provider Signature ☐ Parent/Guardian Signature (If in SRS custody, this is the SRS worker's signature) ☐ Therapeutic Case Manager Signature
A recent assessment should be a formal assessment done within 6 months of the waiver start date. This could be a Psychological or Psychiatric assessment, a discharge summary from a hospital or hospital diversion program, a discharge summary from a residential setting, the Psychological component of an IEP evaluation, etc. It should contain the clinical information justifying waiver criteria. Information should stress child and family strengths as well as natural supports and resources. If child is placed out-of-home, assessment should detail the family and child needs that must be developed for successful reintegration.
☐ Child Behavior Checklist (CBCL)  Completed within 60 days prior to waiver start date. If available, DMH will score multiple CBCLs as well as the Youth Self Report and the Teacher's Report Form. However, at this time, only one CBCL is required.
Yellow Intake Form 5 page version
<ul> <li>□ IPC with appropriate signatures</li> <li>• Dates should match the budget</li> <li>• IPC should reflect services in budget</li> </ul>
□ Budget Page  Dates should be consistent with the fiscal year. For example, a budget period should not cross over two fiscal years. Generally, budgets should be rotated onto a July 1 - December 31 or January 1 - June 30 period whenever possible. Budget should reflect services indicated IPC.
DMH Waiver Medicaid Deeming Form Only needed if child has been determined to be ineligible for Medicaid.

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## **APPENDIX C**

# HOME AND COMMUNITY-BASED WAIVER SERVICES CONTINUED ELIGIBILITY FORM FOR INDIVIDUALS AGED 21 AND UNDER

Client Name:			
Current Residence:			
Medicaid Number:	Clinic Case Number:	_	
On the basis of the information submitted with the client's Initial any additional information collected since that date (attached), the    Eligible for home and community-based services un    Not eligible for home and community-based services	e client is: der the waiver.		
Foster Parent Name:	T.11.		
* All Therapeutic Foster Homes must be licensed by DCF	-	ne Number	
Address: Street	City	State	
Is the child adopted?	If so, was the adoption through	1 VT DCF?	
If so, is there an adoption subsidy?	Does the child qualify for SSI?	·	
Date of Eligibility Determination:	Next Review Date:		
Assessment Team:			
Name and Title	Signature – Children's Pro	ogram Coordinator	
Name and Title	Signature – D & E	Provider	
Name	Signature – Parent/Guar	dian or Recipient	
Name and Title	Signature – Case Man	nager	
Name and Title	Signature		
DMH Authorization By:			
, Clinical Care Manager	Procedure Code:		
Name			
Signature	Effective Date		
Date	Expiration Date:		
	Comments:		

APPENDIX C (CONTINUED)	
CONTINUED ELIGIBILITY WAIVER C	HECKLIST
$\square$ Submitted to DMH 30 days prior to the start date.	
Cover letter  Should frame the clinical rationale justifying the waiver. White issues that are leading the team to apply for waiver funding goals? In what way does the family wish to be involved in already been tried? What is the long-term plan? What are the team know when the child and family are making progressing the child and the treatment?	g? What are the child's and family's treatment? What services have the expected outcomes? How will
Appendix D (Signature page)	
☐ Children's Director Signature	
☐ D&E Provider Signature	
☐ Parent/Guardian Signature (If in SRS custody, this is th	e SRS worker's signature)
☐ Therapeutic Case Manager Signature	
☐ Recent Assessment  If a child has been on a waiver for 24 months, a recent ass should be a formal assessment done within 6 months of the Psychological or Psychiatric assessment, a discharge summidiversion program, a discharge summary from a residential of an IEP evaluation, etc. It should contain the clinical information should stress child and family strengths as well child is placed out-of-home, assessment should detail the fideveloped for successful reintegration.	e waiver start date. This could be a mary from a hospital or hospital setting, the Psychological component mation justifying waiver criteria. as natural supports and resources. If
☐ Child Behavior Checklist (CBCL)  Completed within 60 days prior to waiver start date. If avai as well as the Youth Self Report and the Teacher's Report one CBCL is required.	
<ul> <li>IPC with appropriate signatures</li> <li>Dates should match the budget</li> <li>IPC should reflect services in budget</li> </ul>	
Budget Page Start date should coincide with end date from previous bud the fiscal year. For example, a budget period should not created budgets should be rotated onto a July 1 - December 31 or a possible. Budget should reflect services indicated IPC.	oss over two fiscal years. Generally,
☐ MSR Report (Actual Services vs. Budgeted Services)  This report is to indicate both actual services provided and	budgeted services provided.

☐ Deem Waiver Medicaid Deeming Form

04/2005

#### APPENDIX D

#### **HOME AND COMMUNITY BASED WAIVER**

#### **DEEMING PROCESS**

The local Division of Mental Health (DMH) designated agency is responsible for verifying Medicaid eligibility and to take appropriate steps to make recipients eligible. When requesting waiver funded services for youth whose family's income and resources do not meet Medicaid eligibility, individual youth in need may be "Deemed" eligible for DMH child and adolescent waiver funding only. Deeming assumes that the identified youth does not have income or other resources that exceed the Medicaid income & resource test. The local DMH designated agency is responsible for submitting both Economic Services Division (formerly PATH) and DMH information using the procedures outlined below. This process is ONLY used when the parental income exceeds Medicaid eligibility and intensive service funding via DMH waiver is required.

#### **PROCEDURES**

- 1. The designated provider must complete DMH Waiver Medicaid Deeming form 100-R (Appendix B) and include it with the submission of the waiver request. Simultaneously, the youth and/or his or her parent/guardian must complete Economic Services Division Forms 201, 202 and 202a. When the parental income exceeds Medicaid eligibility, these forms should always be filled out as the *CHILD* as the applicant.
- 2. Once completed the full waiver packet, with deeming form and the completed Economic Services Division forms must be sent directly to the Operations Office, Children's Mental Health, Division of Mental Health, 103 South Main Street, Waterbury, VT 05671-1601. These forms must be submitted at least one month prior to the requested start date of services. Packets with missing information will be returned to the DA for completion.
- 3. If DMH approves the waiver request, DMH program services clerk will forward the authorized form DMH Waiver Medicaid Deeming Form 100-R and all Economic Services Division forms to the designated Economic Services Division contact person (currently Janet Pare).
- 4. If the designated Economic Services Division contact review discovers that forms 201, 202 & 202a are not complete they will immediately notify the local agency contact and the DMH program services clerk.
- 5. The DMH program services clerk will immediately notify professional staff and waiver processing will be put 'on hold' and child will be placed on wait list until eligibility is complete.
- 6. Once all application materials have been received and approved by the Economic Services Division and DMH will finalize the budget start date and authorize funding as available.
- 7. The DMH Waiver Medicaid Deeming Form 100-R must be resubmitted every time a continued eligibility is requested through the waiver program.

#### APPENDIX D

(CONTINUED)

#### **GENERAL CONSIDERATIONS**

If client is found ineligible for Waiver services, or if the family declines to apply for Medicaid by completing Economic Services Division forms 201,202 and 202a, the designated Provider will follow their own local agency procedures to set a fee for the family, and/or pursue other third party reimbursement. In this situation services will not be reimbursable using waiver or other DMH intensive service funding options.

It's the responsibility of the facility to know the Medicaid eligibility of a recipient and to follow up with the Economic Services Division if they are not Medicaid eligible for a service. If the facility is receiving denials, the facility should review those denials immediately and contact EDS if appropriate, so re-billing may occur as soon as possible and all claims are paid within the six-month of the date of service.

# **APPENDIX D**

(CONTINUED)

## **HOME AND COMMUNITY BASED WAIVER SERVICES**

## **DMH WAIVER MEDICAID DEEMING FORM 100-R**

## FOR LOCAL DA USE:

Su	ubmit To: Operations Office, Children's Mental Health, Division of Me 103 South Main Street, Waterbury, VT 05671-1601	ental Health,
1.	From: Children's Coordinator:	
	Community Mental Health Center:	
2.	Youth's Name:	
	Youth's Date of Birth:	
4.	Youth's Social Security Number:	
5.		
6.	Parent or Legal Guardian:	
	Address:	
7.	Address to send Medicaid Card:	
The	ne following Economic Services Division Forms have been completed by parent/guardian an  Economic Services Division 201, Application for Aid Form  TH202, Statement of Need Form  ATH202A, Medicaid Request for Retroactive Assistance	d are attached: (all forms must be complete)
FC	OR DMH USE:	
Co	he above person has been determined eligible for DMH child & adolescent ommunity-Based Services Waiver under Section 1915(c) of the Social Seccept this individual's Medicaid application and determine his/her eligibility imbursed institution.	curity act, as amended. Please
1.	Date of Waiver Eligibility Determination:	
2.	Date Services will begin:	
3.	Waiver Eligibility Review Date:	
4.		Date

5.	Economic Services Division Forms submitted to:			
		Innat Dana	Doto	
	APPE	ENDIX E		

# HOME AND COMMUNITY-BASED WAIVER NOTIFICATION OF TERMINATION

	111	OTH TEXT OF TEXT WITH WITH THE
1.	Client Name:	
2.	Current Residence:	
		Address
		City/State/Zip
3.	Medicaid Number:	
4.	Provider:	
5.	OnDate	Home and Community Based Waiver services were terminated for the above-referenced individual.
6.	The reason for termination was:	
7.		e service recipient and guardian must be notified of their right to appeal. ion that was sent to the service recipient and his or her guardian.
		Signature
		Date

#### APPENDIX F

# HOME AND COMMUNITY-BASED WAIVER POINTS OF INTEREST

The Division of Mental Health (DMH) believes that children and families should have the opportunity to benefit from the array of home and community-based services offered in their community. An active treatment team with a comprehensive coordinated family service plan is the best way to bring about successful outcomes. A referral for Home and Community-Based Waiver services should only be one component of a family plan.

**Feasible Alternatives:** If an individual is determined to be likely to require the level of care provided in an inpatient psychiatric facility, the individual or guardian(s) will be informed of any feasible alternatives under the waiver; and given the choice of either institutional or home and community-based services.

**Rights of Appeal:** Every applicant for, and recipient of, Waiver services has the right to appeal any decision that denies, reduces, or terminates services. Individuals applying for Waiver services must be informed of their rights of appeal when applying for the service. Recipients whose services are to be reduced or ended must be reminded of their rights when notified of the changes in the services.

*Medicaid Eligibility:* To receive Home and Community Based Waiver Services, a recipient must be eligible for Medicaid. Many children who are not categorically eligible (e.g., medically needy, TANF, SSI) will be eligible for reimbursement under Medicaid due to a waiver of having to apply parental income as available to the child. This procedure is called deeming. Under the HCBW, the Department of Social Welfare is authorized to disregard the income and resources of persons normally responsible for the child. The child's own resources (e.g., earned income, savings) affect his or her eligibility.

#### Other Important Information:

- Medicaid Waiver funds cannot be used for room and board expenses or to purchase land or buildings.
- Waiver services cannot substitute for educational services.
- Providers cannot bill separately for any clinic Medicaid services provided to a Waiver recipient. All
  behavioral health Medicaid services must be on the Waiver, including those provided by private
  providers, with the exception of Success Beyond Six services.
- Family members cannot be reimbursed for residential habilitation services.
- Provider cannot bill when the recipient is in a psychiatric hospital, a general hospital, hospital diversion, residential treatment facility, a detention center, correctional facility, skilled nursing facility or intermediate care facility.